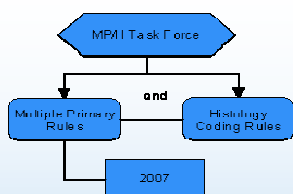


M1

When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.

Note: Use this rule only after all information sources have been exhausted.

4



Single Tumor

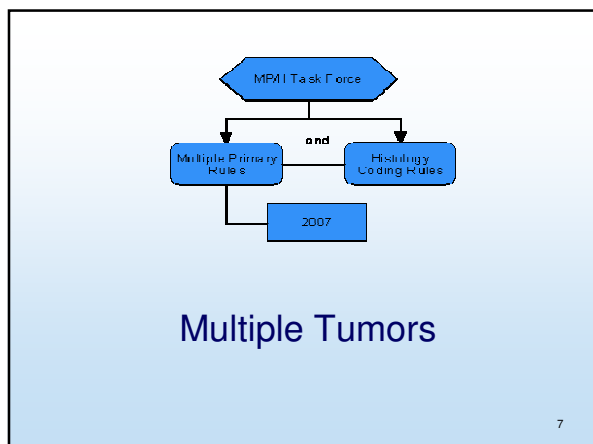
5

M2

A **single tumor** is always a single primary.

Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

6



M3

When no other urinary sites are involved, tumor(s) in both the **right renal pelvis and** tumor(s) in the **left renal pelvis** are multiple primaries.

Note: Use this rule and abstract as a multiple primary unless documented to be metastatic.

8

M4

When no other urinary sites are involved, tumor(s) in both the **right ureter and** tumor(s) in the **left ureter** are multiple primaries.

Note: Use this rule and abstract as a multiple primary unless documented to be metastatic.

9

M5

An **invasive** tumor **following** a **non-invasive or in situ** tumor more than 60 days after diagnosis is a multiple primary.

10

M5 Notes

Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

11

M6

Bladder tumors with any **combination** of the following histologies: **papillary carcinoma** (8050), **transitional cell carcinoma** (8120-8124), or **papillary transitional cell carcinoma** (8130-8131), are a single primary.

12

M7

Tumors diagnosed **more than three (3) years** apart are multiple primaries.

13

M8

Urothelial tumors in two or more of the following sites are a single primary (See Table 1)

- Renal pelvis (C659)
- Ureter(C669)
- Bladder (C670-C679)
- Urethra /prostatic urethra (C680)

14

M9

Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxx) or third (xxx) number are multiple primaries.

Example:

Transitional cell carcinoma	8120/3
Squamous cell carcinoma	8070/3

15

M10

Tumors in sites with ICD-O-3 **topography** codes with **different** second (Cxxx) and/or third characters (Cxxx) are multiple primaries.

Example:

Renal Pelvis (C65.9)

Ureter (C66.9)

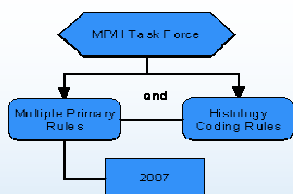
16

M11

Tumors that **do not meet any** of the above **criteria** are a single primary.

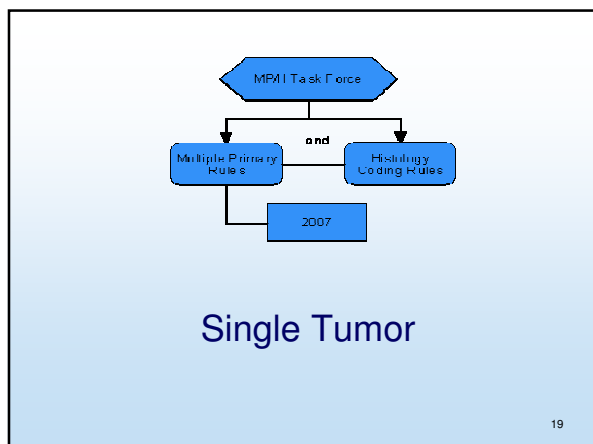
Note: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

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Histology Rules

18



H1

Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

20

H1 Notes

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

21

H1 Notes

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

22

H2

Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site.**

Note: Code the behavior /3

23

H3

Code **8120** (transitional cell/urothelial carcinoma) (Table 1 - Code 8120) when there is:

24

H3 Continued

- Pure transitional cell carcinoma or
- Flat (non-papillary) transitional cell carcinoma or
- Transitional cell carcinoma with squamous differentiation or

25

H3 Continued

- Transitional carcinoma with glandular differentiation or
- Transitional cell carcinoma with trophoblastic differentiation or
- Nested transitional cell carcinoma or
- Microcystic transitional cell carcinoma

26

H4

Code **8130** (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:

- Papillary carcinoma or
- Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma

27

H5

Code the histology when only **one histologic type** is identified.

Note : Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

28

H6

Code the invasive histologic type when a single tumor has **invasive and in situ** components.

29

H7

Code the most specific histologic term.

Examples

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)

30

H7 Notes

Note 1: The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____ differentiation

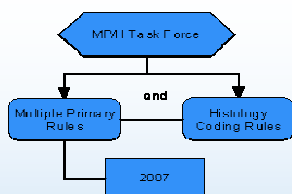
Note 2: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation

31

H8

Code the histology with the **numerically higher** ICD-O-3 code.

32



Multiple Tumors Abstracted as a Single Primary

33

H9

Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

34

H9 Notes

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

35

H9 Notes

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

36

H10

Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3

37

H11

Code **8120** (transitional cell/urothelial carcinoma) (Table 1 – Code 8120) when there is:

- Pure transitional cell carcinoma or
- Flat (non-papillary) transitional cell carcinoma or

38

H11 Continued

- Transitional cell carcinoma with squamous differentiation or
- Transitional cell carcinoma with glandular differentiation or
- Transitional cell carcinoma with trophoblastic differentiation or
- Nested transitional cell carcinoma or
- Microcystic transitional cell carcinoma

39

H12

Code **8130** (papillary transitional cell carcinoma) (Table 1 – Code 8130) when there is:

- Papillary carcinoma or
- Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma

40

H13

Code the histology when only **one histologic type** is identified.

Note: Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

41

H14

Code the histology of the **most invasive** tumor.

Note: See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive (pg 62).

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Most Invasive - Bladder

- Mucosa
- Lamina propria
- Muscularis mucosae
- Submucosa
- Muscular layer
- Serosa, adventitia
- Example
 - Papillary transitional carcinoma (8130) invading into the lamina propria
 - Transitional cell carcinoma (8120) invading into the submucosa
 - *Code the most invasive tumor (8120)*

43

Most Invasive – Renal Pelvis and Ureter

- Epithelium
- Subepithelial connective tissue, submucosa
- Periureteric fat, peripelvic fat.

44

H14 Continued

- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
- If both/all histologies are invasive, code the histology of the most invasive tumor.

45

H15

Code the histology with the **numerically higher** ICD-O-3 code.

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MP/H Task Force



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Quiz

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